## Welfare to Work Teleconference CONFIRMATION

Thursday, April 4, 2002 1:00 - 2:15 PM (EST)



Please print or type legibly.

Name of Primary Participant:	Title:
* Name(s) of Additional Participants:	
*Organization:	
Street Address:	·····
<i>C</i> ity:	State: Zip code:
Phone: ()	Fax: ()
E-mail:	
Question/Issue for WTW Teleconference Q & A Session:	
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PLEASE SEND THIS COMPLETED FORM BY 5:00 P.M. EST, April 2, 2002, TO ANNABELLE OEHLER @ QUADEL CONSULTING CORPORATION

AOEHLER@QUADEL.COM OR FAX: (202) 898-0632.

Please note, only ONE phone line is allotted for each agency; however, more than one person is welcome to participate on that same line. Please provide the name(s) of everyone who will be participating in the teleconference. If more than one organization will be represented, please provide contact information for a primary participant for each organization.

